



Do you have an order from your doctor? Yes No
 If Presurgical, date of surgery: _____
 Were you sent by Sparrow Emp Health? Yes No

Please print clearly:

Last Name: _____

First Name: _____

Date of Birth: _____

Gender (circle): M F

Address: _____

Zipcode: _____

Phone #: _____

E-mail (MySparrow activation): _____

**Note: MySparrow must be used to receive results without a Dr. order.
 Only those with Positive PCR (Swab) tests will be notified by phone.**

Are you pregnant? Yes No
 Is this your first COVID Test? Yes No
 Are you employed in Healthcare? Yes No
 Are you Symptomatic? Yes No
 If yes, Date Symptoms Started: _____
 Do you reside in a Group Care Setting? Yes No
 (Nursing Home, Assisted Living, Group Home, Prison, etc.)

Check which test(s) you would like performed (Antibody only available at Frandor/Sears)

Check	Specimen	Test	Code
<input type="checkbox"/>	NP Swab	COVID Test (to see if you HAVE COVID-19)	COVID

Please have your ID and Insurance Cards Ready

Caregiver use only below this line

Authorizing Provider: **40412 James Richard, DO**
 Ward: COVID Diagnosis: Z20.828